

**LEAD HAZARD CONTROL PROGRAM EXPENDITURE REPORT-SUMMARY
INSTRUCTIONS FOR CSD 950 (Rev. 1/07)**

HEADING

Enter the name of your agency, the contract number, and report period (month and year). Enter the name, title, telephone number, E-mail and fax number of the person preparing the report. If the report is an adjustment, check the "yes" box.

SECTION A - ADMINISTRATIVE COSTS

Line 1. Enter the actual expenditures for this report period. Administrative costs include, but are not limited to, bonding, accounting, auditing, salaries and fringe benefits for support staff, and other similar expenses necessary to sustain the direct hazard control activities.

SECTION B - PROGRAM SUPPORT COSTS

Lines 2-11.

- Enter the actual Program Support expenditures for this report period. Program Support costs include non-direct program costs such as program-related training and travel, worker medical exams/blood tests, outreach to include both community events and project specific, intake, client education, unit assessment to determine feasibility of project, SHPO historic review, and similar services necessary to sustain direct hazard control activities.
- Program Support costs for lines 2-4 are exclusively reported on this form.
- Program Support costs associated with lines 5 and 11 include both general and project specific costs. Project specific costs should be equivalent to the total costs reported on CSD 950B specific to columns 5 and 10.
- The Program Support costs entered for Lines 6-10 should be equivalent to costs reported on CSD 950B specific to columns 4-7.
- Complete and attached CSD 950B, if project specific costs are incurred.

Line 12. Enter the total Program Support Costs by totaling lines 2-11. Costs should be consistent with expenditures reported on CSD 950B.

SECTION C – DIRECT HAZARD CONTROL COSTS

Line 13. Enter the total actual expenditures for this report period for Inspections. The amount entered should be consistent with the total expenditures reported on the Expenditure Report – Program Support and Direct Hazard Control Costs, CSD 950B form – Column 9.

Line 14. Enter the total actual expenditures for this report period for HDP Project Design. The amount entered should be consistent with total expenditures reported on the Expenditure Report – Program Support and Direct Hazard Control Costs, CSD 950B form – Column 10.

Line 15. Enter the total actual expenditures for this report period for Relocation. The amount entered should be consistent with total expenditures reported on the Expenditure Report – Program Support and Direct Hazard Control Costs, CSD 950C form – Columns 3b, 3c, 3d, and 3e.

- Line 16. Enter the total actual expenditures for this report period for Interim Controls/Abatement. The amount entered should be consistent with total expenditures reported on the Expenditure Report – Program Support and Direct Hazard Control Costs, CSD 950C – form - Column 4.
- Line 17. Enter the total actual expenditures for this report period for Clearances conducted by an independent third party inspector. The amount entered should be consistent with total expenditures reported on the CSD 950C – Column 5.b.
- Line 18. Enter the total expenditures for this report period for EBL Reserve. The amount entered should be consistent with total expenditures reported on the Expenditure Report – Program Support and Direct Hazard Control Costs, CSD 950C form – Column 6.
- Line 19. Enter the total actual expenditures for Direct Hazard Control Costs by totaling lines 13-18. This amount should be consistent with the Expenditure Report – Program Support and Direct Hazard Control Costs, CSD 950C form - Line 15, Column 7.

SECTION D. - ADDITIONAL SERVICES COSTS

If applicable, specify additional services provided under this contract, such as the purchase of group lead liability insurance, and enter total expenditures for this report period.

SECTION E. - TOTAL PERIOD EXPENDITURES

Enter the totals of Sections A, B, C and D.

SECTION F – MATCHING CONTRIBUTION

- Line 1. Enter the total amount for matching contribution associated with Administrative costs. The amount entered should be consistent with total expenditures reported on the attached form CSD 950F, Column 5, page 1 of 2.
- Line 2. Enter the total amount for matching contribution associated with Program Support costs. The amount entered should be consistent with total expenditures reported on the form CSD 950F, Column 5, page 1 of 2.
- Line 3. Enter the total amount for matching contributions associated with Direct Hazard Control costs. The amount entered should be consistent with total expenditures reported on the form CSD 950F, Column 11, page 2 of 2.
- Line 4. Enter the totals of Lines 1-3.

SECTION G. – UNIT ACTIVITIES

- Line 1. Enter the total number of inspections and risk assessments.
- Line 2. Enter the total number of units cleared.

CONTRACTOR'S CERTIFICATION

Print the name and title of the person who is authorized by the organization's board to sign documents on behalf of the Board. The authorized person must sign and date the Contractor's Certification.